



### APPLICANT ATTESTATION

I, \_\_\_\_\_, declare that:

*Name of Applicant*

I am a full (practising) registrant of the College under section 46 of the <a href="#">Bylaws</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certification in <i>Prescriptive Authority</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certification in <i>IV Therapy</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certificate of completion for CPR-HCP with AED/BLS-HCP from an <a href="#">approved provider</a> and have attached it to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an <a href="#">approved provider</a> and have attached it to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course or courses that satisfy the requirements for certification in <i>IV &amp; Chelation Therapies</i> and have attached a copy of the certificate(s) of completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that completing the <a href="#">Continuing Education</a> as laid out by the College is a requirement of maintaining this certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I am responsible for maintaining currency in the <a href="#">Restricted Activities for Naturopathic Doctors: Limits and Conditions Document</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that a naturopathic physician certified in IV & Chelation Therapies is not permitted to delegate this activity to any other person. It is professional misconduct to delegate any <a href="#">restricted activity</a> , including this procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand that failure to meet or exceed any of the practice requirements set out in the College requirements may result in a review by the Registration Committee and/or the Inquiry Committee and may result in the removal of IV &amp; Chelation Therapies certification.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand that I must not practice in this area of certification until I have received confirmation from the College granting this certification and I have confirmed this on the Public Registry.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date of Application (yyyy/mm/dd)*

### APPLICATION CHECKLIST

*In support of this application, please attach the following:*

- Evidence of successful completion of a course or courses that satisfy the requirements for certification in ***IV & Chelation Therapies***.
- Valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider.
- Valid certificate of completion for CPR-HCP with AED/BLS-HCP from an approved provider.
  - Please indicate here if you have previously provided a copy of the above documents*
- Certification application fee is paid.

### PAYMENT

*Once your application has been **received** you will be notified by email that an invoice has been posted in the Invoices & Receipts area of the Registrant Portal ([R.O.S.S.](#)).*